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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	<b>Attorney Docket No.</b>	03-C-033
	<b>First Inventor</b>	David C. McClure
	<b>Title</b>	TAMPER MEMORY CELL
	<b>Express Mail Label No.</b>	EV 296 584 068 US

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> MS PATENT APPLICATION Director of the US Patent Office P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>23</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>8</b>]</span>	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper
5. Oath or Declaration <span style="float: right;">[Total Sheets <b>1</b>]</span> <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul>	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

**ACCOMPANYING APPLICATION PARTS**

- |  |   |
|--|---|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |   |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br><small>(when there is an assignee)</small>  | <input type="checkbox"/> Power of<br>Attorney       |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>   |   |
| 12. <input type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449  | <input type="checkbox"/> Copies of IDS<br>Citations |
| 13. <input type="checkbox"/> Preliminary Amendment   |   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small>                   |   |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small>                           |   |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |   |
| 17. <input type="checkbox"/> Other:  |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number: <b>30430</b>	OR	<input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Andre M. Szulanski	Registration No. (Attorney/Agent)	35,701
Signature	Date		February 20, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 296 584 068 US, in an envelope addressed to: MS PATENT APPLICATION, Director of the US Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 20, 2004

Signature:  (Margo Barbarash)

CUSTOMER NO. 30430

Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	Not Yet Assigned
Effective 10/01/2003, Patent fees are subject to annual revision.		Filing Date	February 20, 2004
		First Named Inventor	David C. McClure
		Examiner Name	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	N/A
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	03-C-033

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
Deposit Account:			
Deposit Account Number			
10-0447			
Deposit Account Name			
Jenkins & Gilchrist, a Professional Corporation			
The Director is authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1) (\$)		770.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims		39	
Independent Claims		7	
Multiple Dependent			
Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2) (\$)		686.00	
SUBTOTAL (3) (\$)		40.00	
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)		Registration No.	
Andre M. Szuwalski		35,701	
Signature		Telephone	
		(214) 855-4795	
		Date	
		February 20, 2004	

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Signature:

(Margo Barbarash)